

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10 549514

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5	2					
6	3					
7						
8						
9						
10						
11	1					
12		1				
13	2					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32		1				
33		1				
34		1				
35	2					
36	2					
37	2					
38	2					
39	3					
40						
41						
42						
43	2					
44	2					
45	2					
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				10/11
52		1				
53		1				
54		1				
55		1				
56		2				
57		2				
58	1					
59	1					
60	1					
61	2					
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74	1		1			
75		2				
76		2				
77		2				
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88	1		1			
89	1		1			
90	1		1			
91	1		1			
92	4		1			
93	1		1			
94	1		1			
95	1		1			
96	3		1			
97	3		1			
98	2		1			
99	2		1			
100	8					
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS		[REDACTED]	26	[REDACTED]		[REDACTED]

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